

FPW disenroll with enrollment into WWWMA LETTER

NWWW

This is to notify \_\_\_\_\_ (name of woman being

disenrolled from FPW and \_\_\_\_\_ enrolled in Well Woman Medicaid) that you have requested to be disenrolled from the Medicaid Family Planning Waiver Program and requested to be enrolled in Well Woman Medicaid. Since Well Woman Medicaid is a full benefit program, all the services available to you through the Medicaid Family Planning Waiver Program, a limited benefit program will still be available to you. Your benefits have been expanded through Well Woman Medicaid. Your Medicaid Family Planning limited benefit ends on MM/DD/YYYY. Your Well Woman Medicaid begins on MM/DD/YYYY.

You will be certified for Well Woman Medicaid for 12 months. Your certification period will only end prior to the 12<sup>th</sup> month if:

- You permanently move out of Wisconsin,
- OR You turn 65 years of age.
- OR You report to your economic support worker that you no longer want Well Woman Medicaid.
- OR You obtain insurance or other Medical Assistance that covers your medical treatment for the breast or cervical cancer
- OR You no longer need treatment.

About one month before your Well Woman Medicaid needs to be renewed, your economic support worker will contact you to schedule an interview. At that time you will need to reconfirm your diagnosis and continuing need for treatment by having your physician complete, sign, and date the Well Woman Determination Form (HCF 10075). The economic support worker will need to keep the "ESA Copy" of this form.

If you have questions regarding your enrollment in Well Woman Medicaid, please contact your worker listed above.

APPEAL RIGHTS: If you think this action is wrong, call your worker

for an explanation at the number given above. Also, you can have a Fair Hearing if you think the action is wrong. You may request the

fair hearing in writing State Department of Administration, Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707. Your request must be received within 45 days of the agency's effective date for the Family Planning Medicaid benefit disenrollment.

If your written request for a hearing is received before the action takes place, your Family Planning Benefit will not stop and you will continue to receive only the limited Family Planning Medicaid.